

P22000087137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

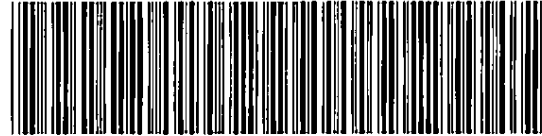
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JAN - 3 2023

Office Use Only



700398711927

TALLAHASSEE, FLORIDA

2022 DEC 29 PM 12:53

RECEIVED

FILED
2022 DEC 29 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/29/2022

****WALK IN****

ENTITY NAME SPICERACK MARKET INC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35

ACCOUNT #: I20160000072

E. R. M.

Please call Tina at the above number for any issues or concerns. Thank you so much!

Articles of Amendment
to
Articles of Incorporation
of
SPICERACK MARKET INC

2022 DEC 29 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000087137

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

20200 West Dixie Highway, Suite 902

Aventura, Florida 33180

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

20200 West Dixie Highway, Suite 902

Aventura, Florida 33180

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

20200 West Dixie Highway, Suite 902

(Florida street address)

New Registered Office Address: Aventura, Florida 33180
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S.

	X	P	AVRAHAM GOLDSTEIN	20200 West Dixie Highway
1) <input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>		Suite 902
<input type="checkbox"/> Add	<input type="checkbox"/>	<input type="checkbox"/>		Aventura, Florida 33180
<input type="checkbox"/> Remove	<input type="checkbox"/>	<input type="checkbox"/>		
2) <input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Add	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Remove	<input type="checkbox"/>	<input type="checkbox"/>		
3) <input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Add	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Remove	<input type="checkbox"/>	<input type="checkbox"/>		
4) <input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Add	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Remove	<input type="checkbox"/>	<input type="checkbox"/>		
5) <input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Add	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Remove	<input type="checkbox"/>	<input type="checkbox"/>		
6) <input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Add	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Remove	<input type="checkbox"/>	<input type="checkbox"/>		

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____,"
(voting group)

12/29/2022
Dated _____

Signature /s/ AVRAHAM GOLDSTEIN

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

AVRAHAM GOLDSTEIN

(Typed or printed name of person signing)

President

(Title of person signing)